

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

00785768

FILING DATE

02-16-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30	1					
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41	1					
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52	1		1			
53		1		1		
54		1		1		
55	1			1		
56		1		1		
57		1		1		
58		1	1			
59		1		1		
60	1			1		
61		1		1		
62		1		1		
63	1			1		
64		1		1		
65		1		1		
66	1			1		
67		1		1		
68		1		1		
69		1		1		
70		1	1			
71		1		1		
72	1			1		
73	1			1		
74		1		1		
75		1	1			
76		1	1			
77		1	1			
78		1		1		
79		1		1		
80		1		1		
81	1		1			
82	1			1		
83	1			1		
84	1			1		
85	1			1		
86	1			1		
87	1			1		
88	1			1		
89	1			1		
90	1			1		
91		1				
92	1					
93	1					
94	1					
95	1					
96		1				
97		1				
98		1				
99	1					
100	1					
TOTAL IND.		↓	34	↓		↓
TOTAL DEP.		←	96	←		←
TOTAL CLAIMS			130			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS